

1204

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		STATE FILE NO. _____	
1. PLACE OF DEATH				BUREAU OF VITAL STATISTICS		REGISTERED NO. _____	
COUNTY <u>Graham</u>				STATE <u>ARIZONA</u>			
TOWNSHIP _____				OR VILLAGE _____		OR _____	
CITY <u>Metcalf</u>				NO. _____		ST. _____ WARD _____	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.				HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.			
2. FULL NAME <u>BREKIBILL, Chas.</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.			
(A) RESIDENCE: NO. _____				ST. _____		WARD _____	
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>M</u>		4. COLOR OR RACE <u>American</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8-19-04</u> , 19__			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19__, TO _____, 19__			
7. AGE		YEARS		MONTHS		DAYS	
<u>68</u>							
IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.				I LAST SAW H. _____ ALIVE ON _____, 19__ ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:			
				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____				Cho. Dysentery <u>4 wks.</u>			
13. NAME _____				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____				NAME OF OPERATION _____ DATE OF _____			
15. MAIDEN NAME _____				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19__			
17. INFORMANT (ADDRESS) _____				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Metcalf</u> DATE _____, 19__				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____			
19. EMBALMER { LICENSE NO. _____ FUNERAL DIRECTOR { SIGNATURE _____ ADDRESS _____				MANNER OF INJURY _____ NATURE OF INJURY _____			
20. FILED _____, 19__ REGISTRAR _____				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____			
				IF SO, SPECIFY _____ (SIGNED) <u>Harry D. Wiley</u> M. D. _____ (ADDRESS) _____			